

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36140

FILED DEC 13 1948

Registration District No. 128

Primary Registration District No. 2000

State File No.

Registrar's No. 1070

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1520 E. McDaniel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Most of life
years, months or days

3. (a) PRINT FULL NAME Charles Alvin Banta

3. (b) If veteran, No name war
3. (c) Social Security No. 491-03-1049

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alta Banta 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased January 14 1883
(Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 23 If less than one day
hr. _____ min.

9. Birthplace Bates County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation International Har'st empl.

11. Industry or business Retired Harvester empl.

12. Name Thomas J. Banta
13. Birthplace Des Moines Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Davis
15. Birthplace Jackson County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alta Banta (Wife).
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 12/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director J.W. Klingner & Co.
(b) Address Springfield, Missouri

19. (a) 12-8-48 (b) W. E. Hensley M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1520 E. McDaniel 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7
year 1948 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from November 4, 1948 to 7 Dec. 1948
that I last saw him alive on 30 Nov. 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary occlusion
Due to Coronary sclerosis

Due to General arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

(Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature J. W. Klingner (M. D. or other) M.D.

Address Springfield, Mo. Date signed 7 Dec. 48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

SEP 19 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.